

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SO       | 953/10 | 9/18/10  |
| O.I.P.E. CLASSIFIER       |          | 12     | 9/29     |
| FORMALITY REVIEW          | W.M      | 869    | 10-23-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy